

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 11

U. S. Cost Reimbursable—

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 267

To _____

(Payee)

PAID BY

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				7,390	99
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 7,390 99

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

STATINTL

(Sign original only)

Invoice Rec'd.

23/57
Certifying Officer

IN ANY FORM

tional)

Title Special Assistant to the Director
for Planning and Coordination/Approving
Officer

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in
Cash, \$ _____, on _____, 19____ Payee _____ favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation name, as well as the capacity in which he signs, must appear. For example: "John Doe, Cashier, ABC Company, Inc." If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____ Title _____
Approved For Release 2000/04/11 : CIA-RDP64-00360R000400020001-5

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(Gen. Reg. No. 51, Supp. No. 11)

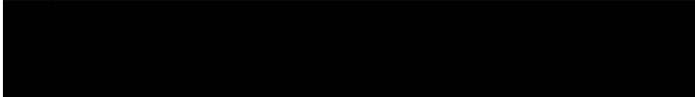
Public Voucher for Purchase and
Services Other Than Personal

CONTINUATION SHEET

U. S. Cost Reimbursable-

Sheet No. 1 of Bureau Voucher No. 11

(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
STATOTHR		<u>CONFIDENTIAL PAYROLL</u>					
		Direct Labor Cost properly chargeable to Contract A101 for the period 3/21/55 thru 3/27/55.					
		Week Ending 3/27/55.				3,079	58
						4,311	41
						7,390	99